

Please Direct All Correspondence to Customer Number **20995****REQUEST FOR CONTINUED EXAMINATION**

Applicant : Barry S. Fogel
 App. No : 09/893,244
 Filed : June 27, 2001
 For : METHODS OF TREATING TARDIVE
 DYSKINESIA AND OTHER
 MOVEMENT DISORDERS
 Examiner : Leonard M. Williams
 Art Unit : 1617

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 27, 2006

(Date)

Neil S. Bartfeld, Ph.D., Reg. No. 39,901

Mail Stop RCE

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

11/01/2006 MBIZUNES 00000025 111410 09893244

01 FC:2801 395.00 DA

(X) Enclosed:

(X) Amendment/Reply in 6 pages.

11/01/2006 MBIZUNES 00000025 111410 09893244

(X) Affidavit(s)/Declaration(s).

02 FC:2255 1080.00 DA

(X) Return Postcard.

2. Fees:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		2801 (\$395)		\$395
Total Claims	4 - 89 = 0	2202 (\$25)	0 x 25 =	\$0
Independent Claims	1 - 9 = 0	2201 (\$100)	0 x 100 =	\$0
Multiple Claim		2203 (\$180)		\$0
5 Month Extension		2255 (\$1,080)		\$1,080
			TOTAL FEE DUE	\$1,475

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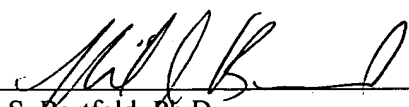
- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

3. Payment:

- (X) The Commissioner is hereby authorized to charge the above-itemized fees, including any fees for additional extension of time, to Deposit Account Number 11-1410.

Respectfully submitted,
KNOBBE MARTENS OLSON & BEAR LLP

Dated: October 27, 2006



Neil S. Bartfeld, Ph.D.
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Agent of Record
Customer No. 20,995
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